

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14893

State File No. _____

FILED APR 20 1953

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>4286</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>Lewis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>			
b. CITY OR TOWN <u>LaGrange</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>LaGrange</u>		<u>0560</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home in South LaGrange</u>				d. STREET ADDRESS (If rural, give location) <u>0</u> <u>No Street Address</u>			
3. NAME OF DECEASED (Type or Print) <u>Isaac</u>		a. (First)		b. (Middle) <u>-</u>		c. (Last) <u>Tate</u>	
4. DATE OF DEATH <u>April 5, 1953</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>June 10, 1910</u>		9. AGE (in years last birthday) <u>42</u>		10. MONTHS <u>4</u>		11. YEARS <u>1</u>	
12. HOURS <u>5</u>		13. MINUTES <u>15</u>		14. BIRTHPLACE (City and State or Foreign Country) <u>Ten Mile, Missouri</u>		15. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		16b. KIND OF BUSINESS OR INDUSTRY <u>Foundry</u>		17. FATHER'S NAME <u>Ike Tate</u>		18. MOTHER'S MAIDEN NAME <u>Daisy Burris</u>	
19. NAME OF HUSBAND OR WIFE <u>Mary E. Tate</u>		20. SOCIAL SECURITY NO. <u>486 14 4274</u>		21. INFORMANT'S SIGNATURE OR NAME <u>Marv E. Tate</u>		22. ADDRESS <u>LaGrange, Mo.</u>	
13. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Thrombosis</u>				14. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>			
15. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4201</u>				16. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Alcoholism</u> <u>Acute Aortic</u>			
17a. DATE OF OPERATION		17b. MAJOR FINDINGS OF OPERATION <u>Inquest and autopsy examination of</u>		18. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		19. ACCIDENT SUICIDE HOMICIDE <u>Natural</u>	
20a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>At home</u>		20b. CITY, TOWN, OR TOWNSHIP <u>LaGrange</u>		20c. COUNTY <u>Lewis</u>		20d. STATE <u>Mo.</u>	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21c. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Carl H. Barkley</u>		23b. ADDRESS <u>Corona, Mo.</u>		23c. DATE SIGNED <u>4/6/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April 7, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LaBelle Cemetery</u>		24d. LOCATION (City, town, or county) <u>LaBelle, Missouri</u>		24e. STATE <u>Mo.</u>	
25. DATE REC'D BY LOCAL REG. <u>4-16-53</u>		25a. REGISTRAR'S SIGNATURE <u>P. St. Jennings</u>		25b. FUNERAL DIRECTOR'S SIGNATURE <u>J. Kenneth Bailey</u>		25c. ADDRESS <u>LaGrange Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4248

P. O. Address La Grange, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.